

# EAM House Limited

# EAM House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

EAM House is a care home providing personal and nursing care to five young adults with a learning disability or autism and complex health needs. The service also provides short breaks care (respite), which is planned, or emergency care provided to a person in order to provide temporary relief to family members who are caring for that person. Due to the COVID-19 pandemic the respite service was not being offered at the time of our inspection. The home can accommodate up to eight people at a time.

The service is located in a large detached house within its own grounds. All bedrooms are single with communal bathrooms, lounge and dining areas. A conservatory that looks out onto well maintained and accessible gardens. The service has a sensory room on the premises which is separate from the main building.

### People's experience of using this service and what we found

Relatives were positive about the support provided by EAM House. They said the staff team met the complex health needs of their relatives and the communication with the home was good. Relatives were involved in the planning of their relative's care and support.

Person centred care plans and risk assessments provided guidance for the support people required, including when they may become agitated. These were reviewed each month. People received their medicines as prescribed.

Staff said they enjoyed working at EAM House, saying the management team were approachable and supportive. There were enough staff on duty and they received the training and support needed to meet people's assessed needs. Staff were safely recruited.

The staff team worked in partnership with other professionals, including social workers, medical professionals and the community learning disability team. People's health and nutritional needs were being met.

The home was clean throughout and the current government COVID-19 guidelines were being followed.

A quality assurance system was in place, with actions taken where issues were found. Incidents were recorded and reviewed to reduce the chance of a re-occurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Staff knew people's needs well and sort new activities people could participate in within their local community. Care and support plans were person-centred. Staff knew how to promote people's privacy dignity and independence. Communication with people's relatives was good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 19 October 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# EAM House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

EAM House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, nurse, senior care workers and care workers.

Most people living at EAM House were not able to communicate verbally with us. We made observations of the interactions between people and the care staff throughout our inspection to help us understand their experience of their care.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives and two night staff by telephone. We contacted a professional who regularly works with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety had been assessed and appropriate plans developed to manage these known risks.
- Positive behaviour support plans were in place where people may become agitated. These detailed people's behaviours when they were content, becoming anxious and when they were agitated. Potential triggers for changes in people's behaviour and strategies staff should use to manage any behaviours were noted. All behavioural incidents were recorded and analysed to identify the triggers and possible changes to people's baseline behaviours.
- Staff knew how to report and record any incidents. These were reviewed by the registered manager to ensure any actions had been implemented to reduce the risk of a re-occurrence.
- Equipment within the home was regularly checked by members of staff and was serviced in line with national guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding vulnerable adults. Staff said they would raise any concerns directly with the manager or nominated individual.
- Any safeguarding concerns were investigated by a social worker employed by the provider.

Using medicines safely

- People received their medicines as prescribed. Detailed guidance was in place for how each person needed their medicines to be administered, including how they would communicate they needed medicines prescribed as 'as required' (PRN).
- Staff had completed medicines training and had competency observations carried out for the safe administration of medicines.

Preventing and controlling infection

- The home was visibly clean throughout. Staff were observed using appropriate PPE and were taking part in weekly COVID-19 testing. People living at the home completed a test every month.
- Additional observations of staff use of PPE and hand hygiene had been undertaken. Surveys had been used to check staff knowledge about government and EAM House guidance for COVID-19.
- Current government guidelines were being followed for any visitors to the service. An external, accessible, building in the garden was used for visitors, which was cleaned following any visits. All visitors had to have a COVID-19 test prior to visiting the home.
- People were supported when going out into their local community to maintain social distancing.

### Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.
- There were enough staff on duty to meet people's identified needs. Rotas showed people had one to one staff support where this was assessed as being needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their roles. Staff completed a range of training to meet people's individual complex needs.
- New members of staff completed an induction training period where they were observed in a range of support tasks and signed off when deemed to be competent. They also shadowed experienced staff to get to know people and their support needs. One member of staff said, "I can go at my own pace; if I've not been signed off then I don't do the task."
- Staff had regular supervision meetings, where they were able to raise any issues, discuss people's support and any training they wanted to complete.
- Staff were supported to obtain recognised qualifications in health and social care. Some staff were also undertaking a nursing assistant practitioner course.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and wellbeing. The support people needed to manage their complex health needs was recorded, including signs that a person's health may be deteriorating. Background information about people's specific health conditions was also available for reference.
- Relatives were positive about how the staff team supported their relative to maintain their health. One relative said, "[Relative name] gets the medical input they need; they're (the staff team) great with all that" and another told us, "They (the staff team) know how to support and keep [Name] well."
- Appointments with health professionals had continued during the COVID-19 pandemic.

Supporting people to eat and drink enough to maintain a balanced diet

- Clear information was provided for the support each person needed to maintain their nutrition and hydration, including where people required percutaneous endoscopic gastrostomy (PEG) feeds.
- A chef prepared the main meals and alternatives were available if people did not want what was on the menu.
- Referrals were made to dieticians where people needed additional support and advice for their nutritional intake.

Adapting service, design, decoration to meet people's needs

- The home was fully adapted to meet people's needs, with accessible wet rooms, shower trolleys and moving and handling equipment available. All rooms and the garden were fully wheelchair accessible.

- People's rooms were personalised with pictures, photographs and their own chosen items.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had lived at EAM House for several years. When new people were referred to the home a full assessment of needs would be completed.
- The respite service had been closed during the COVID-19 pandemic to reduce the risks of infection. When the respite service resumes people's needs would be reviewed to ensure the care plans and risk assessments were up to date.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. People's capacity to make decisions was assessed and DoLS were in place as required.
- Best interest decisions were recorded for each separate decision to be made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people and their needs well. We observed kind, patient and positive interactions between people and staff. Support plans included information about people's backgrounds, likes and dislikes.
- One person we spoke with told us they enjoyed living at EAM House and liked the staff supporting them.
- Relatives felt people were well supported at EAM House. One told us, "The care and support for [Name] has always been excellent; there's no problems" and another said, "[Name's] always had a good banter with the staff, a good-natured chat."

Supporting people to express their views and be involved in making decisions about their care

- Where possible, people were involved in planning their care and support. Relatives were complimentary about the communication with EAM House and said they were involved in discussing and agreeing their relatives support needs. One relative said, "I'm in constant communication with the staff; if anything happens they let me know" and another told us, "[Name] seems really happy and is comfortable with the carers. [Name] lets her needs be known."

Respecting and promoting people's privacy, dignity and independence

- Staff knew people well, including the support they needed and their daily routines. Staff were able to explain how they maintained people's privacy and dignity whilst supporting them.
- People were encouraged to be involved in their care and prompted to complete things for themselves where possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Person centred care plans were in place and provided detailed information and guidance on how staff were to meet each person's care and support needs. The care plans were regularly reviewed to ensure they were current.
- People's relatives said they had been involved in discussing and agreeing the support their relative needed.
- Reviews with the local authority social workers had continued via video meetings during the COVID-19 pandemic.
- People's end of life wishes and advanced care decisions for their care and support at the end of their life were recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where required, people had a communication passport created in conjunction with the community learning disability team. This identified how the person communicated and the possible meaning of different gestures or behaviours.
- Some people had communication aids, for example a communications app on their laptop. Picture activity planners were used to show people what was happening during the day and when they would change from one activity to another.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to meet and speak with their relatives, following the governments COVID-19 guidance.
- Activity routines had changed during the COVID-19 pandemic, with more activities being within the home or local outdoor areas. Staff expressed the hope that they would soon be able to return to a wider range of activities, for example going out on public transport, social groups and meals out.
- Relatives were happy with the activities people were supported to participate in and had received photographs and feedback about these activities. One relative told us, "I've had lots of photos of activities sent to me. [Name] seems happy and bright in the photographs" and another said, "[Name's] been going out regularly. There's a Facebook account for photos so I can see what [Name's] been doing. They (the staff)

also send me little videos, for example for Father's Day and Mother's Day."

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. Only one complaint had been received, which had been investigated and responded to appropriately.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- A quality assurance system was in place, with weekly or monthly audits completed for a range of areas, including medicines, infection control and premises. Any issues identified within the audits had been actioned.
- The deputy manager reviewed one person's care files each month to ensure all people's support needs had been assessed.
- A second deputy manager was being recruited to strengthen the quality assurance role across the provider's three homes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were positive about the communication with the management team, nurses and care staff at EAM House. They were confident they were able to raise any concerns or ideas with the staff team.
- Staff were also positive about working at EAM House. They felt well supported by the nurses and management team. They said they were approachable and supportive.
- Annual staff surveys were used to gain feedback from the staff team. These were analysed by the registered manager. The last two surveys had concentrated on the staff knowledge around COVID-19 and infection control.
- Staff newsletters had been introduced during COVID-19 as staff meetings were not possible to arrange. Staff felt there was good communication within EAM House.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's management team included the registered manager, a social worker and two deputy managers. They worked across the provider's three homes.
- The registered manager, nurses and care staff knew their roles and how to record and report the day to day support people received.
- The registered manager was aware of the types of incidents that needed to be notified to the CQC. Due to the nature of the service, few notifications had been made.

### Working in partnership with others

- The home worked well with a range of professionals, including social workers, community learning disability teams, psychiatric services and health services.
- A professional working with EAM House said there was good communication with staff at all levels within the home. The staff team were also receptive to advice that was given. One professional said, "It's very easy to communicate with both staff and management. The staff are willing to talk to other professional's and they communicated with me in a professional manner."
- The provider worked with local universities to provide placements for trainee learning disability nurses.